

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Senate Conservatives Action

ADDRESS (number and street) ▼

PO Box 388

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00524181

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer

Paul Kilgore

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

20

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Senate Conservatives Action

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y Y 2016</div>		<div>223317.16</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>770314.09</div>	
(c) Total Receipts (from Line 19)	<div>66392.70</div>	<div>927592.30</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>836706.79</div>	<div>1150909.46</div>
7. Total Disbursements (from Line 31).....	<div>701247.77</div>	<div>1015450.44</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>135459.02</div>	<div>135459.02</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Senate Conservatives Action

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
06	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

33400.00

891000.00

(ii) Unitemized

21582.00

24968.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

54982.00

915968.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

54982.00

915968.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

11410.70

11624.30

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

66392.70

927592.30

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

66392.70

927592.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	108069.05	422271.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	108069.05	422271.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	593178.72	593178.72
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	701247.77	1015450.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	701247.77	1015450.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	54982.00	915968.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54982.00	915968.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	108069.05	422271.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	11410.70	11624.30
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	96658.35	410647.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Daniel Loveland

Mailing Address 17300 Henderson Pass Ste 240

City State Zip Code
San Antonio TX 78232-1568

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2016

Transaction ID : A4B0B0DBD6F5E431EAF9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Judy Wenger

Mailing Address 726 Farwell Dr

City State Zip Code
Madison WI 53704-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2016

Transaction ID : AA0AF755A28664542B03

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Larry Rippere

Mailing Address 2459 Benjamin Dr

City State Zip Code
Mountain View CA 94043-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2016

Transaction ID : A68BB0F33492444C99A5

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Laurel Martin

Mailing Address 1146 N Central Ave # 613

City	State	Zip Code
Glendale	CA	91202-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : AB132A0242654476D8E3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Ray

Mailing Address 7733 FM 314 N

City	State	Zip Code
Brownsboro	TX	75756-6089

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : A36B2D8D5B24C420CBB0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Frederick Robinson

Mailing Address 52 Nighthawk Dr Box 7906

City	State	Zip Code
Aspen	CO	81611

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : A929774021098484DAF2

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Emmanuel Zulueta

Mailing Address 2008 Greyhawk Pl

City	State	Zip Code
Apex	NC	27539-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : A0E0C5290F46542AC944

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David Nearon

Mailing Address 111 Southview Ln

City	State	Zip Code
Alamo	CA	94507-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : AAE694C1849E24009AA9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dennis Cetlin

Mailing Address 10817 Kirkwall Ter

City	State	Zip Code
Potomac	MD	20854-2727

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : A192BE09BDF6447F9A2A

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Jeffrey Baumol

Mailing Address 2819 23rd Ave Apt 4

City
Astoria

State
NY

Zip Code
11105-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ARCHITECTURAL RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : A525992B6540E40CB9CE

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Richard D. Gaby

Mailing Address 445 Old Homestead Trl

City

Johns Creek

State

GA

Zip Code

30097-8027

FEC ID number of contributing
federal political committee.

C

Name of Employer

GABY FOUNDATION

Occupation

FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32500.00

Date of Receipt

06 / 27 / 2016

Transaction ID : AF07F70EB437A4C0BA7A

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25250.00

33400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Jamestown Associates

Mailing Address 5 Mapleton Rd Ste 300

City
PrincetonState
NJZip Code
08540-9646FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11410.70

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : A74CC5DFDEFB049559CC

Amount of Each Receipt this Period

11410.70

☐ Memo Item

IE-Glenn-Telemarketing Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11410.70

11410.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Zealous LLC

Mailing Address 690 S. Highway 89 Ste. 200

City Jackson State WY Zip Code 83001-9408

Purpose of Disbursement
PAC Digital Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2016
Transaction ID : B509B7D13044D4CAD942

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 339 Group

Mailing Address 249 Tilden Way

City Edgewater State MD Zip Code 21037-2624

Purpose of Disbursement
PAC Strategy Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2016
Transaction ID : BB881858B2CC941CE99D

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bold Colors LLC

Mailing Address 3125 Tiger Run Ct. Ste. 111

City Carlsbad State CA Zip Code 92010-6516

Purpose of Disbursement
PAC Fundraising Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2016
Transaction ID : B429629ADB0B14A01884

Amount of Each Disbursement this Period

8000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Senate Conservatives Action

A. Vought Strategies LLC

Mailing Address 3917 13th Street S

City	State	Zip Code
Arlington	VA	22204-4229

Purpose of Disbursement	PAC Communications Consulting
-------------------------	-------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BF530CEA92C7A42689C1

Amount of Each Disbursement this Period

3250.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkwayt

City	State	Zip Code
Alpharetta	GA	30005-8802

Purpose of Disbursement	PAC Payroll Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : BE9D54BD411CB471A8F1

Amount of Each Disbursement this Period

78.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Vitale and Associates

Mailing Address 627 S. Corona St.

City	State	Zip Code
Denver	CO	80209-4405

Purpose of Disbursement	PAC Polling

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : BDB69FAD97FC848AA910

Amount of Each Disbursement this Period

37170.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

40498.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Capital One Bank

Mailing Address PO Box 61540

City New Orleans State LA Zip Code 70161-1540

Purpose of Disbursement
PAC CC Transaction Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 08 2016
Transaction ID : B518BBAF43DAB4BC2B61

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jamestown Associates

Mailing Address 5 Mapleton Rd Ste 300

City Princeton State NJ Zip Code 08540-9646

Purpose of Disbursement
Refunded Telemarketing, See Line 15

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 08 2016
Transaction ID : B710640CD5D6249DDB6B

Amount of Each Disbursement this Period

11410.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wilson Perkins Allen Opinion Research

Mailing Address 1319 Classen Drive

City Oklahoma City State OK Zip Code 73103-2412

Purpose of Disbursement
PAC Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 14 2016
Transaction ID : BCF1AD3B21083446298D

Amount of Each Disbursement this Period

12200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23628.70

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Senate Conservatives Action

A. National Bank of Georgia

Mailing Address 2234 West Broad St.

City	State	Zip Code
Athens	GA	30606-3431

Purpose of Disbursement	PAC Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BDF0D392E64464911864

Amount of Each Disbursement this Period

300.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. Capital One Bank

Mailing Address PO Box 61540

City	State	Zip Code
New Orleans	LA	70161-1540

Purpose of Disbursement	PAC Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : B351591A829FF429F8B8

Amount of Each Disbursement this Period

60.14

 Memo Item

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 5800 Windward Parkwayt

City	State	Zip Code
Alpharetta	GA	30005-8802

Purpose of Disbursement	PAC Payroll Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : B34EC2410CB0F43EA8CC

Amount of Each Disbursement this Period

14.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

374.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Senate Conservatives Action

Full Name (Last, First, Middle Initial)

A. Professional Data Services Inc.

Mailing Address 824 S. Milledge Ave. Ste. 101

City Athens State GA Zip Code 30605-1332

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016
Transaction ID : BEDBD33C4380D47DAA8F

Amount of Each Disbursement this Period

753.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADP

Mailing Address 5800 Windward Parkway

City Alpharetta State GA Zip Code 30005-8802

Purpose of Disbursement
PAC Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016
Transaction ID : B3C1897E746EE4B659DA

Amount of Each Disbursement this Period

7855.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kenneth Cuccinelli

Mailing Address 13881 Jordan Meadows Lane

City Nokesville State VA Zip Code 20181-2946

Purpose of Disbursement
PAC Staff Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016
Transaction ID : B65075FB084BF436CA5A

Amount of Each Disbursement this Period

10208.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18817.69

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 17 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Jamestown Associates			<input type="checkbox"/> Memo Item	
Mailing Address 5 Mapleton Rd Ste 300			Date of Public Distribution/Dissemination 06 / 02 / 2016	
City Princeton		State NJ	Zip Code 08540-9646	Amount 18010.00
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/Type 		Transaction ID : EEADEA364F6FC428A8AC Date of Disbursement or Obligation 06 / 02 / 2016
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		37444.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Thomas Graphics Inc			<input type="checkbox"/> Memo Item	
Mailing Address 9501 NIH 35			Date of Public Distribution/Dissemination 06 / 02 / 2016	
City Austin		State TX	Zip Code 78753-3804	Amount 19434.00
Purpose of Expenditure IE-Glenn-Postage		Category/Type 		Transaction ID : E64C8722A599D4952B33 Date of Disbursement or Obligation 06 / 01 / 2016
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		37444.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			37444.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date 07 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 132672.25		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : E2FDDA61D77BB4998BCF
Purpose of Expenditure IE-Glenn-Media Buy		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 228616.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 8500.00		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : ECFB3D55659D54985861
Purpose of Expenditure IE-Glenn-Media Production		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 228616.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141172.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 07 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 50000.00		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : E485E222A228E467A81E
Purpose of Expenditure IE-Glenn-Online Advertising		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 228616.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 18010.00		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : E8F8BCC1870F34367877
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 266061.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68010.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 07 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 25
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Thomas Graphics Inc			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 04 / 2016		
Mailing Address 9501 NIH 35			Amount 19435.00		
City Austin		State TX	Zip Code 78753-3804		Transaction ID : E70A34D16E9224D5BBA6
Purpose of Expenditure IE-Glenn-Postage		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 03 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CO		
Calendar Year-To-Date Per Election for Office Sought 266061.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 06 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 18010.00		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : EA4E6D0A9F2324E1985A
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 02 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: CO		
Calendar Year-To-Date Per Election for Office Sought 303506.25			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37445.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date MM / DD / YYYYYY 07 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524181</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Thomas Graphics Inc <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 06 / 2016</div>		
Mailing Address 9501 NIH 35			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19435.00</div>		
City Austin		State TX	Zip Code 78753-3804		Transaction ID : EBC1DD5CD6F4C4C3C91I
Purpose of Expenditure IE-Glenn-Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 03 / 2016</div>	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">303506.25</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>		
Mailing Address 5 Mapleton Rd Ste 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13486.00</div>		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : EE47C7BC75AC24431AB0
Purpose of Expenditure IE-Glenn-Telemarketing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 09 / 2016</div>	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">316992.25</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">32921.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 10 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 88839.85		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : EA241B329798045ED9DD
Purpose of Expenditure IE-Glenn-Media Buy		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 09 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 405832.10			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYYYY 06 / 17 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 64845.10		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : EB6BF4680860C43DBBA4
Purpose of Expenditure IE-Glenn-Media Buy		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYYYY 06 / 16 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 470677.20			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			153684.95		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 07 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00524181</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Jamestown Associates <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 20 / 2016</div>		
Mailing Address 5 Mapleton Rd Ste 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20920.00</div>		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : EDD93554A88C14948BD0
Purpose of Expenditure IE-Glenn-Media Buy		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 20 / 2016</div>	
Name of Federal Candidate Darryl Glenn			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 21 / 2016</div>		
Mailing Address 5 Mapleton Rd Ste 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15850.00</div>		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : ED677824E98964381A20
Purpose of Expenditure IE-Glenn-Media Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 22 / 2016</div>	
Name of Federal Candidate Darryl Glenn			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">36770.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 20 / 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 57417.05		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : E027DB7884FF44F8C8AE
Purpose of Expenditure IE-Glenn-Media Buy		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 593178.72			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 15534.00		
City Princeton		State NJ	Zip Code 08540-9646		Transaction ID : E595476781D9345A784E
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016	
Name of Federal Candidate Darryl Glenn			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 593178.72			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72951.05		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 07 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 25 OF 25
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Thomas Graphics Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 9501 NIH 35		Amount 12780.47	
City Austin	State TX	Zip Code 78753-3804	Transaction ID : E46388B4BFA4942D5B46
Purpose of Expenditure IE-Glenn-Postage		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 593178.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		12780.47	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶		593178.72	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Paul Kilgore</i>		Date MM / DD / YYYY 07 / 20 / 2016	
		[Electronically Filed]	